

Billing and Policy Vision Care Bulletin 307

September 2003

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HIPAA

OPT OUT

Medi-Cal Training: 2003 Seminars

CCS Successful Billing Seminars

HIPAA Implementation 1

Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.



HIPAA: Provider Manual Updates

The September 2003 Health Insurance Portability and Accountability Act (HIPAA) implementation resulted in the following changes in the Medi-Cal provider manuals. All changes are effective for dates of service on or after September 22, 2003.

Important: When you follow the remove and replace instructions in this bulletin and update your manual, please retain the pages you remove. Place them after the *Appendix* tab at the back of your manual. These page will help you bill for services that you rendered prior to September 22, 2003.

New HIPAA In Review

A handy *HIPAA In Review* guide has been included in this bulletin for you to insert in your provider manual at the end of the *Payment Request for Vision Care and Appliances (45-1) Completion* section. This guide summarizes important vision care-related changes that resulted from the September 2003 phase of HIPAA implementation.

Conversion of Place of Service Codes and Billing Limit Exception to Delay Reason Codes

Place of Service Field (Box 7) and Billing Limit Exception Field (Box 9)

PLACE OF SERV.	MEDICARE STATUS	BILL LIMIT
⁷ 99	⁸ <input type="checkbox"/>	⁹ 99

Local Medi-Cal Place of Service codes are being replaced with national Place of Service codes, which are entered in the same field (Box 7) as previously entered.

Local Medi-Cal billing limit exception codes are being replaced with national delay reason codes. Delay reason codes are entered in the Billing Limit Exception field (Box 9).

National Place of Service codes are two characters and delay reason codes may be one or two characters. Two-character codes may not fit in the field allotted because the original box on the claim was created for a single character. The Medi-Cal system is modified to scan data that overflows to the left or right of the field, but the preferred method of entering numbers is illustrated in the preceding graphic.

Please see HIPAA, page 2

HIPAA *(continued)*Guidelines

HIPAA changes for the September 2003 phase of HIPAA implementation established the following guidelines:

- Claims with dates of service on or after September 22, 2003 must be submitted with national delay reason and Place of Service codes.
- Claims for services prior to September 22, 2003 must be billed with local Medi-Cal billing limit exception and Place of Service codes.
- Claims for services rendered on dates of service that include both pre- and post-September 22, 2003 dates must be billed on separate claims (split billed) with national codes on one claim and local Medi-Cal codes on another.

Manual Changes

- Medi-Cal Place of Service code values are changed to national Place of Service code values.
- A *Code Correlation Guide* showing the relationship between local Medi-Cal/national Place of Service and local Medi-Cal billing limit exception and national delay reason codes is added at the end of the *Payment Request for Vision Care and Appliances (45-1) Completion* section to help you understand how the Medi-Cal billing limit exception codes have been converted to national delay reason codes and local Place of Service codes have been converted to national Place of Service codes when required.

Instructions for Manual Replacement Pages

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Part 2

Remove and replace: cif co 1/2 *
 hcpcs iii 1 thru 4 *
 medi non hcp 1-2 *
 pay vc comp 1-2, 5 thru 10 *

Insert at the end of
Payment Request for
Vision Care (45-1)
Completion section: *HIPAA In Review (new)*
 Code Correlation Guide (new)

Remove and replace: pay vc sub 1 thru 6 *

* Pages updated/corrected due to ongoing provider manual revisions.